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AUTHOR Edmunds, Evelyn P.
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ABSTRACT

This guide is intended to familiarize therapists with the scope of marital difficulties and the range of techniques found useful in dealing with them. While it is tempting to think that proven techniques can be matched to specific marital problems, the literature cautions that predicting outcome in therapy research depends not only on the technique used, but also on therapist and couple characteristics, choice of conjoint, individual, or group therapy, as well as other variables of the therapeutic setting. Results of empirical investigations of these factors are inconclusive. Therapists can, however, examine results of empirical outcome research to distinguish which techniques are most helpful for certain problem areas. The 26 problems, presented alphabetically, include Alcoholism, Behavior Deficits and Excesses, Communication Breakdown, Hostility, Money and Sex. Sources used are representative of current outcome research and case presentations attesting to the effectiveness of the techniques described under each problem heading. For each problem area, one or more techniques are suggested as useful to therapists during treatment of couples. (Author)

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OUTLINE-ALPHABET OF 26 MARITAL PROBLEMS AND TECHNIQUES FOR DEALING WITH THEM

Evelyn Page Edmunds

Texas Tech University

Lubbock, Texas

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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Friedman (27) has provided a guide to twenty-six marital and family therapy techniques which both beginning and experienced therapists should find helpful. The outcome of therapy, however, depends upon the appropriate application of therapeutic techniques to specific symptoms and problem areas. Thus, it is also useful to know which techniques have been most helpful for certain marital problems.

It is tempting to think that proven techniques can be matched to specific marital problems. The literature cautions that predicting outcome depends not only on technique used, but also on therapist and couple characteristics, choice of conjoint, individual or group therapy, as well as other variables of the therapeutic setting. Results of empirical investigations of these factors are inconclusive (32, 33).

This outline of marital problems and suggested techniques for dealing with them is intended then to supplement Friedman's outline-alphabet. A brief description of each problem is followed by suggested techniques and references for more comprehensive coverage. These sources are representative of current outcome research and case presentations attesting to the effectiveness of the techniques described.

Figure 1 near here

(# 2 Head) A. Alcoholism: use of alcohol to the point where it interferes with positive functioning within the family relationship. Therapeutic interventions with both spouses appear to be more successful, as both partners may be involved in maintaining the problem. The first goal of therapy is to assist both partners in recognizing the negative consequences, both individual and marital, of the drinking problem.

Techniques:

1. Behavioral Approaches: Systematic desensitization, modeling of persons who have successfully overcome alcoholism, contingency contracting, rational emotive therapy (R.E.T.) and aversive therapy have been somewhat successful with drinking problems (43). Following assertion training, for example, a heavily drinking spouse not only reported increased positive marital interaction, but decreased drinking behavior as well (18).

2. Long term Group Counseling: Burton and Kaplan (11) report favorable results using concurrent groups vs. individual approaches for couples in which one spouse was alcoholic.

B. Behavior Deficits and Excesses: behavior by a spouse which results in expressed aggravation of partner and detriment to the relationship. The person with the behavior may not like it either (e.g., drug abuse, excessive or insufficient housecleaning, insufficient sex, gambling, etc.).

Techniques: Behavior modification approaches which minimize emotional conflicts and focus instead on learning of positive behaviors and unlearning of negative ones have proven most effective in empirical investigation. Reinforcement contingency is the basis of intervention: any behavior that is learned can be unlearned or extinguished by eliminating its reinforcing properties. Specific approaches include:

1. Behavioral contracting (27, 42, 43, 71).
2. Reciprocity-exchange contracting (5, 59).
3. Reinforcement model (28, 53, 77).
4. Reversals and prescribing the problem (10, 23, 35, 36, 75).
5. Rational Behavior Training (RBT) (30).

C. Communication Breakdown: prevalent in most troubled marriages; appears to be the most frequently presented problem. In distressed marriages, interaction seems less free, less explicit, more hostile and negative, less assertive, and less frequently exchanged by partners. Distressed couples have been discriminated from non-distressed on the basis of their communication patterns (26, 49, 53, 65).

Techniques:

1. Marital Communication Inventory (MCI): a 48 item scale used both as diagnostic and counseling tool (8). Items suggest more effective ways of talking, listening and responding. Partners exchange answers facilitating discussion of their interaction. Used also in group seminars and encounters on communication, and for premarital and educational purposes.

2. Structured Family Interview (76): used for diagnosis and counseling. Family or couple responds to interviewer's questions individually or collectively, or follows instructions to plan something together, while therapist views interaction from behind screen.

3. Inventory of Marital Conflicts (IMC) (50): maximizes involvement by having couples respond to 18 vignettes of marital conflict in terms of their own situation and dominance patterns. IMC helps couples get a better perspective on their problems, talk about the relationship in order to change interaction patterns, and it provides a realistic sample of their typical behavior.

4. Rational Emotive Therapy (RET) (19, 47), and Rational Behavior Training (RBT): couples seen conjointly or in groups, but focus is on minimizing anxiety, guilt, depression and hostility in individuals. Unrealistic, self-deprecating thoughts are replaced by thoughts that are more reality based,

life-preserving, fulfilling, and less conflictual. Written rational self-analysis is used to examine maladaptive thoughts. Individuals are encouraged to accept full responsibility for achieving desired behavior changes.

5. Behavior Modification: therapy rationale; maladaptive communication patterns are learned; the go. ls of therapy stated in terms of increasing, decreasing, modifying, or developing specific communication patterns (43). Techniques; assertion training (see Section Y); modeling, behavioral instructions, coding, and selective behavior reinforcement (53, 77), and exchange contracts (71).

6. Communication Skills Training: five approaches sampled:

1) Use of short term conjoint sessions featuring role playing, behavior rehearsal, feedback, repeat checkout process; focus is on training partners to function more effectively both as senders and receivers (12, 73).

2) Interpersonal Approach: combined insight approach and behavioral training has been found to be superior to either method used alone in terms of improvement on measures of self-exploration and communication (57). Behavioral training focuses on changing behavior using feedback, direct and honest questioning, and "talk time." Attending, observing, and listening practice is used to develop empathy.

3) Multicentered Marital Therapy (MMT): couples facilitated in use of self disclosure and empathy in conjoint therapy (45) through role playing, stop-repeat-go, problem solving, directed questioning and didactic material.

4) Conjugal Therapy: goals to develop technqies within the couple for promoting expression of feelings and attitudes, to reduce barriers to free, genuine, and emotionally meaningful communication. Focus is on

speaker-listener processes, with therapist taking active role as teacher, model, and discussion leader. Couples play therapeutic role for each other (21).

5) Videotaped Feedback: couples clarify messages that were lost or left contradictory in original session, as well as grasp underlying feelings each may have missed (2, 3). Caution: Alkire and Brunse (4) warn that casualty rate using selective videotaped feedback may be unusually high due to the powerful negative impact of the material presented.

D. Doll's House Marriage: an unequal relationship in which one spouse's incompetence is required or encouraged by the other. Implies a pathological master-doll relationship. Considered a pitfall for marriage therapists in that it is extremely crisis prone; hence, a well intended therapist who treats the pathology, can ultimately destroy the marriage and provoke deeper illness (58).

Technique: Therapy thought to have a more successful outcome (that of keeping the marriage intact) when the therapist respects the unequal framework that the couple has chosen and helps each partner work toward greater understanding and respect for the unique needs of each (58).

E. Expectations: thought to exist on three levels:

1) what each partner tells mate,

2) plans, beliefs, fantasies which are not verbalized because of fear or shame connected with disclosure; and

3) desires, needs, often contradictory and unrealistic, of which spouse or partner is not aware. Conflicts occur when there are discrepancies between levels.

Techniques: (See also Section C.)

1. Psychodynamic contracting: conjoint and concurrent therapy in which couple 1) become aware of the intrapsychic determinants of their contract, and 2) clarifies these contracts to each other (67). Therapist's function is to help bring underlying issues of level III out in the open, to clarify them, and facilitate resolution of disparity among expectations at each level. Dealing with the "fraudulent emotional contract" (10), involves only one spouse in therapy, the one whose functioning and emotional happiness have become entirely dependent upon the other.

2. Behavioral Contracts (see Section B.) used to spell out reciprocal expectations in the form of behaviors and reinforcers (5, 42, 43, 59, 71).

3. Marriage Agreement (See Section I.): a 25 page contract negotiated by both partners covering all aspects of marital living; includes expected behaviors of each spouse (20).

F. Family Issues and Parenting: Frustrations which occur in parental roles or attitudes often affect interaction in the marital role. The therapist may focus on specific parent-child problems alone or in combination with other difficulties.

Techniques:

1. Behavioral approaches (7, 43, 52): use of contingency contracting, selective reinforcement and extinction, "time-out" (where child is instructed to leave the scene of the conflict and go to another room for a specified period of time), modeling of successful parents, and desensitization using a hierarchy of anxiety producing situations, help parents cope more successfully and comfortably with parenting problems. Behavioral treatment for dis-

parate attitudes toward parenting is geared toward achieving a meaningful compromise, and developing positive attitudes toward the compromise. In the case of rivalry over a child's love, Knox (43) suggests that treatment should focus initially on the relationship of spouses, independent of the child.

2. Task Assignments (27, 34): in which the therapist instructs family members to engage in specific activities together such as recreation events and visits.

G. Grief: unresolved or incomplete mourning for a lost parent, relative or child which creates unrealistic expectations of emotional support in one partner from the other, and a barrier to adequate functioning between partners. May be accompanied by blocked emotions, persistent denial of loss, depression, persistent guilt, social isolation, hositility or any exaggeration of the normal grief reaction.

Technique: operational Mourning (27, 54): During conjoint therapy, the therapist elicits unresolved grief in one or both partners. Spouses are trained in developing empathy and mourning skills using therapist as model. Goals of therapy: that spouses work through normal grief process, release blocked emotions, change unrealistic expectations of each other, and develop reciprocal empathic responsiveness and mourning skills to eventually lose the therapist.

H. Hostility (see also Sections C, L, Q, V, and Y.): negative, counterproductive feelings or behavior toward spouse (resentment, sullenness, aggression, etc.).

Techniques:

1. Extruded Third (55): an interpersonal conjoint approach, applicable to groups. A strong co-therapist relationship works in the extrusion process

to separate the couple, then recouple them. Therapy focus is on the here and now, emphasizing individual feelings and perception of others. Each member is extruded or left out at some point in process (therapist last). Upon recoupling, the dyad becomes more flexible and strength of individuals and therapists increases.

2. Reinforcement training (77): Couples are taught problem solving and negotiation skills emphasizing equitable quid pro quo (something for something) behavioral exchange coupled with planned positive and negative consequences. Modeling, videotaped feedback, and role palying used to teach behavior labelling.

3. Assertion training (see Section Y.)(1, 24, 25, 38, 44): transforming aggressive hostile behavior into direct and non-threatening personal statements.

I. Impasse (Crisis Intervention): characterized by love-hate relationship, experienced by partners as depression, confusion, anger, and disappointment (55). Divorce is a frequently mentioned alternative; therapy is last ditch effort prior to dissolving the relationship. Successful therapeutic intervention thought to be either reconciliation and improved marital realtions, or divorce, with the grief disillusionment of the breakup minimized.

Techniques: many have evolved from the establishment of conciliation courts. The natural authority of the courts provides structure for the collapsing marriage:

1. Contracting (20): the couple completes a 25 page marriage agreement covering all aspects of married life: communication is fostered by co-negotiating the contract. The contract represents a collective blueprint of successful marriage for the particular couple, tailored to meet their individual needs.

2. Couple-Multi-couple Therapy (39): Co-therapist team, and a group of couples on the verge of divorce, use psychodrama, self disclosure, group resources for modes of coping and mutual support of group as "idealized family," to improve marital interaction and provide ways to cope with future crises.

3. Marital Autopsy Counseling (39): provides emotional support to couples who eventually divorce and identifies factors precipitating the divorce. Therapists work with persons to develop ways of coping with crisis, and to strengthen interaction patterns for more successful future relationships.

4. Trial separation with counseling (72): a three month separation with counseling is initiated as a growth inducing experience for partners who are ambivalent about maintaining the marriage.

J. Jealousy: mistrust, involving misunderstanding of the nature of partner's relationship with spouse.

Techniques:

1. Behavioral (43, 44, 78): first the specific issue is isolated and defined. Modification techniques:

A. Thought stopping: having partner think emphatically to self the word STOP! whenever the jealous thought comes to mind.

B. Desensitization: therapist and spouse role play anxiety producing situations arranged in hierarchical sequence with adjunctive progressive relaxation therapy.

C. Incompatible response: jealous spouse instructed to behave more positively toward the object of jealousy or dislike.

D. Adversive conditioning: in more extreme cases of obsessional jealousy: e.g., having the spouse deliver a mild electric shock whenever the jealous thought comes to mind(48).

2. Rational Emotive Therapy or Rational Behavior Training (19, 30): correcting irrational beliefs and taking full responsibility for thoughts.

3. Insight approaches (see Section L.): (9, 13, 29, 51, 60, 64, 68): T-groups, and Gestalt techniques to promote partner empathy and self-disclosure to spouse used to develop openness and trust, and intimacy needed to share jealous thoughts and redirect them to loving and trustful behaviors.

K. Kinship (In-laws and relatives): problems revolve around issues of problem discrimination (43). Value problem pertains to the inability or unwillingness of either one or both spouses to rank in order who they value most: in-laws, relatives, or spouse. Problems rarely develop when partner always chooses spouse over parents. The second issue, arises when all kin problems are felt to rest with spouses.

Techniques:

1. Behavioral approaches (43): Thought stopping, modeling parentally independent persons, selective reinforcement, reward contingencies, and anxiety desensitization.

2. Therapist instruction by hypnotic suggestion techniques, and paradoxical intention (23): Therapist instructs a spouse to perform more frequently, novelly, or intensely what he or she is already doing to gain control of situation. These techniques are somewhat unpredictable and not empirically validated at this time, although successes have been reported (36).

L. Love and Intimacy: Problems arise when the degree of love and intimacy spouses are experiencing in marriage does not meet their expectations.

Techniques (see Sections C, G, S, and Y.):

1. Identification of Affect (13, 79): before developing partners'

capabilities for accepting and giving affect, they must be able to accurately identify the emotional components of the relationship.

Techniques: 1) providing partners with a list of adjectives describing feeling, or 2) asking partners to generate a list of feeling adjectives to convey what spouse is expressing.

2. Roleplaying and Psychodrama (16): used to elicit feelings and deal with an effective situation in a group. Using combined judgments from the group, a more satisfactory solution is reached and greater release of affect occurs.

3. Encounter (9, 60, 68): focus on developing human awareness, openness, honesty, awareness of body and attention to feelings in conjoint group therapy. Leader's sensitivity to the psychological states of participants is stressed along with skillful regulation of stress levels such that they not exceed the coping abilities of couples (51). Techniques are best used in synthesis with other methods, or as an adjunct to on-going group therapy. Training, or T-group laboratory methods using self-disclosure and "dual sensitization" have been used in couples group therapy with favorable results (29, 64).

M. Money: a powerful symbol of control and security: Problems arise in the amount, income, source, spending, or management of money.

Techniques (43): First, partners make three value decisions prior to behavioral treatment: 1) who spends; 2) how much; and 3) on what. If couple chooses to continue living with each other once these values are specified, behavioral approaches are used to reach compromise. Behavioral approaches include systematic identification of income and expenditures; consideration of alternatives for producing additional income; examining relative values of money matters vs. marriage relationship; extinction of money anxieties, and

desensitization of financial worry.

N. Neurosis and Psychosis (see also Section O.): psychologically distressed persons frequently encounter disturbances in interpersonal relationships, especially marriage. There are few empirically derived guidelines for dealing with individual pathology in marriage. It is generally agreed that on an outpatient basis, conjoint or concurrent marital counseling is preferred to group experiences (15, 33) although highly structured group experiences have been successful (47).

Techniques:

1. Programmed Instruction of Rational Emotive Therapy (47): Time-limited group therapy sessions used as classroom for psychiatric outpatients and spouses. Principles of RET presented didactically with feedback are transformed into behavior through psychodrama; each couple enacts a skit related to their own problems. Authors feel time limit (nine months) and high degree of structure are critical to encouraging results of these techniques with a clinical population, in contrast to previous marginal results and casualties with other group approaches.

2. Art Therapy (74): Marital therapy concurrent with psychiatric therapy. Conjoint picturemaking used to effectively diagnose problem areas and provide partners a vehicle for expression. Focus is on complex intermeshing of expectations of spouse, self, and relationship. The pleasurable shared experience may encourage expression of feelings and insights for subsequent verbal therapy.

O. Obsessive-Compulsive Behaviors: believed to be the most difficult class of problems to treat in marriage (79). Behaviors present in one spouse are aggravating to the other, and negate the success of the interpersonal relationship. The obsessed partner appears drawn to a stimulus that is counter-

productive and may have destructive results. The person seems unable to inhibit the response.

Techniques: (see also Section B).

1. Thought-Stopping (44, 48, 62, 78): Partner having the obsessional thought or behavior is instructed to shout out loud at first, then think emphatically to self the word STOP! when the thought or compulsion comes to mind. Rimm and Masters (61) comment that thought stopping techniques are not likely to be successful with clients who, familiar with most conventional forms of therapy, prefer to talk out their problems rather than work on them with a problem solving approach.

2. Exchange contracts (70): Contract approach used for specifying behaviors to be exchanged by partners which are opposite to obsessional thoughts. Spouses learn to be mutually rewarding, and find that initiative in implementing the contract must come from both.

P. Premarital Counseling: traditionally carried out as a pastoral preliminary to the marriage ceremony, now becoming more a general component of preparedness for adult living. Thrust for premarital relationship enrichment and primary prevention has come in part from the human potential movement and from university counseling centers.

Techniques:

1. Relationship Enrichment Workshop for Student Couples (37): Workshop designed to teach participants concepts and exercises for improving interpersonal communication, and to provide opportunities for trying out new ways of interacting. Fair Fight Training (see Section Q.), relaxation training, transactional analysis, two-step feedback exchange, and a session on sexual and non-sexual intimacy, are presented in short term groups. Couples report

sessions on the two-step feedback model, constructive fighting and non-verbal communication, in that order, to be most beneficial.

2. Marital Communication Inventory (MCI, Bienvenu, 8, see Section C.): a modified version has been developed for premarital counseling to facilitate free discussion of interpersonal communication patterns by prospective spouses.

3. Communication Skills Training (73) (see Section C). Comment: Many of the techniques listed in Sections C and Z are appropriate for premarital couples counseling.

Q. Quarreling and Fighting: negative communication characterized by chronic devastating arguments in which mutual aggression or individual hostilities are vented (see also Sections H and V). Result is destructive communication pattern in which each member attempts to win at the expense of the other. May be accompanied by insulting, physical or emotional attacks by one or both partners on the other.

Technique: Fair Fight Training-FFT (6): a system of rules for constructive fighting developed in training clinics for couples. Rules relate to scheduling fights, focusing anger on real here and now issues and developing honesty. FFT can be carried out on a short term basis, and has been suggested as prescriptive therapy for couples with chronic problems of physical violence (22).

R. Reciprocity: mutual reinforcement based on "good faith" obligation by each spouse to the other. When reciprocity is the problem, partners limit reinforcement of each other because either they 1) feel reinforcement will not be forthcoming from spouse, or 2) they are not aware of already existing reciprocity. Unhappiness in marriage occurs when reciprocity breaks down: the reinforcers derived from being married are fewer than those derived from

being unmarried (5).

Technique: Reinforcement Reciprocity Model (5): Objectives: 1) since the nature of reinforcing interactions is changeable, partners must continuously rediscover the reinforcers, and 2) the relationship must be contingent (reinforcement given only when received). Techniques include reciprocity awareness procedure (couple lists ten satisfactions currently provided to and by partner): the perfect marriage fantasy: feedback exchange; frequency fulfillment (to discover new reinforcers): and the appreciation reminder procedure. A formal happiness contract is drawn up and home assignments are given.

S. Sexual Dysfunction: defined behaviorally as lack of satisfying sexual experiences in marriage. Primary therapy goals: clarification of problem areas and establishing a comfortable non-threatening climate in which to discuss issues. Two approaches suggested which have been used effectively with couples; these are by no means exhaustive:

1. Behavioral approaches: Knox (43) describes techniques for 1) helping couples discuss sex comfortably; 2) problems dealing with timing and frequency of sex; 3) determining which sexual behaviors are pleasurable; 4) specific problems such as premature ejaculation, impotence and frigidity. Lazarus (44) provides a detailed discussion of behavioral techniques for performance problems such as systematic desensitization (for frigidity), aversion relief therapy (for sexual unresponsiveness), assertive training, paradoxical intention, and manual and oral stimulation (for impotence). Stuart (71), using a token economy found couples could increase frequency of intercourse with increase maintained at follow up.

2. Comprehensive, multi-faceted clinical approach: Masters and Johnson's (46) definitive work on overcoming sexual problems focuses on mutual communication, sex education, and problem solving. Specific methods such as the

penile squeeze technique for premature ejaculation are detailed. A more psychodynamic approach is presented by Kaplan (41).

T. Triangle: an intensification of infidelity to the point that the relationship with the "third party" is defined as a problem by the spouse or couple. Can be one of two situations: either the wife or husband is ambivalent about whether to terminate the relationship with spouse or lover, or the choice has been made, but action has not been taken (both assume that the wife or husban does not wish to share spouse).

Techniques:

1. Behavioral approaches (43): In the case of ambivalence, counselor first ascertains from the spouse a willingness to decide to make a decision (that of terminating one relationship and strengthening the other). Consequences of alternatives are explored as well as values and needs of spouse as they relate to the decision. Following choice of spouse, counseling focuses on withdrawing from "third person" partner and strengthening the marriage. When the choice favors the third person, task is to assist the remaining spouse to realistically readjust to the actions of the partner.

2. Interpersonal approaches such as the "Extruded Third" technique (55), discussed in Section H, and conciliation contracting (20) are useful in triangular conflict.

U. Unknown: problems in a couple relationship may not be localized or may not be verbally available at time of counseling. The problem will be expressed as a non-specific feeling of pain, unhappiness, anxiety, conflict or depression. Diagnosis becomes the immediate goal of therapy.

Techniques:

1. Behavioral analysis (40): a standardized behavioral approach to data collection for functional problem analysis, which consists of analysis of

behavioral excesses or deficits, variables that serve as reinforcers, motivational factors, developmental factors, capacity for self-control, social relationships, and socio-cultural physical environment.

2. Standardized Tests, Checklists, Inventories: Phillips (56) presents a comprehensive review of tests useful to marriage therapists. The usefulness of tests such as the MMPI, Mooney Problem Checklist, Interpersonal Checklist, Taylor-Johnson Temperament Analysis, and the Edwards Personal Preference Schedule, depend upon the counselor's training and experience. Understanding the purpose of the test, how it was constructed, on whom it was standardized, and to whom it may be applied, are critical considerations.

3. Developmental Approach (79): Partners are instructed to relate the history of their relationship (early childhood experiences, how they met, etc.). This method is advised when there has been recent or present contention within couple. Opportunity is provided for spouses to ventilate and clear the air; therapist is better able to recognize areas of emphasis or omission in the history.

4. Projective and Experiential: The Prisoner's Dilemma Game, a technique for operationally assessing interaction, is suggested by Speer (69). Partners play a game involving 75 choices by each couple. Speer's adaptation of this technique measures interaction over time as either cooperative, defective, competitive, exploitative, neutral, or punitive. The Structured Family Interview (76), described in Section C. and the picturemaking techniques (74) described in Section N. are also effective in locating the source of difficulties.

V. Violence (See also Sections Q and Y): Physical abuse of either self, spouse, or others as response to conflict, stress, or frustration.

Techniques:

1. Fair Fight Training (6, 22): Training has been found to reduce incidence of physical violence while fostering communication and constructive arguing.

2. Transient Structured Distance (TSD) (31): TSD is therapeutic instruction for partners to extablish structured physical distance between them for a temporary period, usually involving adjustment of living arrangements (e.g., spouse considered a boarder in other spouse's home; spouse living out of the home). Intervention breaks old patterns and forces spouses to either move farther apart or closer together.

3. Behavioral approaches: involve removing whatever is maintaining the physically abusive behavior. Assertive training for the victim spouse as well as the abuser, replacing the attack with an incompatible behavior which is reinforced, using the "time out" technique (See Section F); and behavior exchange contracts are suggested (43).

W. Work & Business Related Problems: conflicts which result from stresses in the work environment may occur as a result of negative feelings of one spouse toward partner's work. Two such problems and techniques for dealing with them are presented:

1. Problem Solving Seminar for Couples (17): A two-day 7 session workshop conducted at a motel to deal with the stresses of heavy business travel of one spouse on the couple. Goals of the workshop: 1) to improve problem solving resources for the couples, 2) focus resources on problems with business travel and strengthen each partner's capacity to cope with separation, and 3) enable new and strengthened resources for coping to generalize to other family and business related issues. Techniques borrowed from organizational develop-

ment, included gathering information, defining the problem, identifying contributing forces, generating new alternatives, facilitating collaborative action, and reflecting current practices against long term goals.

2. Nature of Spouse's Work or the Fact that Spouse Works: According to Knox (43), these are problems for partners only when they define them as such. A number of behavioral approaches for dealing with dissonance reduction and sensitivity to work behavior are detailed by Knox. Techniques are designed to assist the spouse in achieving a more positive attitude toward partner's employment.

X. Xanthippe's Syndrome (Nagging): Xanthippe, wife of Socrates, was a proverbial nag. Nagging is destructive and critical communication usually seen by the receiver as personally insulting (8). In behavioral terms, nagging is behavior maintained by various reinforcing contingencies (if spouse nags long enough, partner will eventually comply).

Techniques:

1. Social Learning Approach (77): Intervention procedures consisting of training in problem solving and negotiation skills. Spouses are taught to identify Pleasurable (P) and Displeasurable (D) behaviors of partners by means of videotaped feedback, role playing, and modeling. Spouses feed back daily records of amounts of P's and D's received. Emphasis is on equitable exchanges of behavior and use of planned positive and negative consequences. Intervention reduced counterproductive statements (i.e. nagging) for both partners and reduced wives' initially higher rate of complaining and critical behaviors to levels similar to those of husbands.

2. Corrective Feedback and Instruction (CF-I) Carter & Thomas (14) describe this method of communication analysis (see Section C). Nagging

behaviors are included in the couple's CF-I statement (an analysis of maladaptive communication) to cue partners to their counterproductive communication behavior. Partners are then coached to replace nagging behavior with positive verbal exchanges.

3. Behavioral approaches (43): To extinguish nagging, the specific reinforcer is identified and withdrawn consistently. Partner is instructed never to comply with nagging request. Extinction is even more powerful when an incompatible behavior, such as a positive verbal remark, is rewarded by acknowledgement and compliance.

Y. Yelling, or "Yes, dear" (Assertion): Lack of assertion is the difficulty of one or both spouses in expressing true feelings in a variety of interpersonal situations. Symptoms are lack of communication, resentment, acquiescence, conflict over trivial concerns, anxiety, and inability to choose appropriate behavior in a given situation. The result is verbal behavior which is either passive (non-assertive, "yes,dear") or aggressive (over-assertive yelling).

Technique: Assertion Training, to develop freedom of choice and self control by formulating assertive responses for situations which have previously produced either non-assertive or aggressive responses. Techniques include coaching, covert or overt rehearsal, feeling talk, interpretation, educational films and recordings, modeling, role playing, and feedback techniques (1, 18, 24, 25, 38).

Z. Zero (No Problems!): Couples occasionally seek or respond to group programs offering enrichment or preventative counseling to strengthen a relationship, even when there is no manifest problem. Many of the above techniques are used for these purposes, especially those in the following sections:

B. Behavior Deficits and Excesses (Exchange Contracts)

C. Communication Breakdown (Skills Training)

F. Family Issues-Parenting (Behavioral Approaches)

L. Love & Intimacy (Role Playing; Encounter)

Q. Quarreling & Fighting (Fair Fight Training)

S. Sex (Comprehensive and Multifaceted Clinical Therapy)

W. Work & Business (Problem Solving Seminar)

Y. Yelling and "Yes, Dear" (Assertion Training)

Figure 1

Alphabet of Marital Problems

A. ALCOHOLISM

B. BEHAVIOR DEFICITS & EXCESSES

C. COMMUNICATION BREAKDOWN

D. DOLL'S HOUSE MARRIAGE

E. EXPECTATIONS

F. FAMILY ISSUES-PARENTING

G. GRIEF

H. HOSTILITY

I. IMPASSE

J. JEALOUSY

K. KIN (INLAWS, RELATIVES, ETC.)

L. LOVE & INTIMACY

M. MONEY

N. NEUROSIS & PSYCHOSIS

O. OBSESSIVE-COMPULSIVE BEHAVIORS

P. PREMARITAL COUNSELING

Q. QUARRELING & FIGHTING

R. RECIPROCITY

S. SEX

T. TRIANGLE

U. UNKNOWN

V. VIOLENCE

W. WORK & BUSINESS

X. XANTHIPPE'S SYNDROME (NAGGING)

Y. YELLING OR "YES DEAR" (ASSERTION)

Z. ZERO (NO PROBLEMS').

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